



Owner's Name		E-mail Address [Voucher(s) will be sent to this e-mail address]		
Street Address, Apt. #		City, State, Zip		
Phone #1 () CAT INFO		Phone #2 () RMATION		
'Mama' Cat's Name Color/Description [Medium-hair grey tabby; Short-hair Siamese; or state of the state of th	Approximate age		Number of kittens in litter	Is cat pregnant again?
Calcolor		This program is limited to 'mama' cats with kittens. ALL of the kittens must be turned over to the shelter for any necessary medical or foster care, flea and worming treatments, vaccinations, feline leukemia/FIV testing, spay and/or neuter, and adoption to qualified homes. This spay program is designed to stop the cycle of unwanted animals. Vouchers for the surgery are provided by South County Cats , a spay/neuter assistance organization. Vouchers are valid for 30 days after date of issuance. If surgery openings for your first choice of Veterinary Clinic are full, your voucher will be for your second choice if available. Other limitations may apply. Please visit the South County Cats website: www.southcountycats.petfinder.org		
Owner's Signature Date: 1 1 How did you learn about this program? (Poster; Craig's List; etc.)		M	TO OBTAIN YOU ail this completed appl South County C 26828 MV/BD R Maple Valley, W	ication to Cats Load SE - #160

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Your voucher will be sent to you by e-mail.